PTO/8B/22 (08-03) Approved for use through 7/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to reapond to a collection of information unless it displays a valid OMB control number Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) PU020319 RECEIVED In re Application of SCOTT ALLAN KENDALL ET AL. CENTRAL FAX CENTER Application Number 10/518,999 Filed December 21, 2004 CUSTOMER NO.: 24498 APR 0 7 2008 For EVENT MASKING FOR TELEVISION SIGNAL RECEIVER HAVING AN EMERGENCY ALERT FUNCTION Examiner Hunter B. Lonsberry This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) ☐ Two months (37 CFR 1.17(a)(2)) ☐ Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ ____64/08/2008 VBUI11 00000011 070832 10518999 A check in the amount of the fee is enclosed. 02 FC:1251 120.00 DA Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required. or credit any overpayment, to Deposit Account Number 07-0832. I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number _ ☑ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1,34(a), L0027. WARNING: Information on this form may become public. Credit card information should not be Included on this form. Provide credit card information and authorization on Provide April 7, 2008 Date Signature (609) 734-6804 BRIAN J. & ROMARTY Telephone Number Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algnature is required, see below. Total of 1 forms are submitted.

This collection of Information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to procees) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the IndiMdual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office. U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22213-1450.

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